



**DEPARTMENT OF CORRECTIONS
MONTANA STATE PRISON
OPERATIONAL PROCEDURE**

Procedure No.: MSP 1.1.17	Subject: PRISON RAPE ELIMINATION ACT OF 2003 (PREA)
Reference: DOC Policy No. 1.1.17	Page 1 of 8 and 11 Attachments
Effective Date: July 8, 2014	Revised: March 1, 2016
Signature: /s/ Leroy Kirkegard / Warden	

I. PURPOSE:

Montana State Prison has zero tolerance relating to all forms of sexual abuse and sexual harassment in accordance with the standards set forth in the Prison Rape Elimination Act of 2003 (PREA).

II. DEFINITIONS:

Department Employee – A person employed by the Department of Corrections who has attained permanent status or is eligible to attain permanent status, as provided in *2-18-601, MCA*; volunteers, interns, temporary and short term workers; this term does not include service providers.

Incarcerated Offender/Inmate – Any individual detained in a Department-owned, operated, or contracted facility that is sentenced or committed to the Department of Corrections supervision.

Intersex – An uncommon condition in which a person is born with external genitalia, internal reproductive organs, chromosome patterns, and/or an endocrine system that does not fit typical definitions of male or female.

PREA Specialist – The MSP staff position responsible for procedure development, implementation, and coordination with the Department's PREA Coordinator for compliance with the PREA Standard.

Reasonable Suspicion – A conclusion drawn from specific, objective facts which would permit a reasonable and experienced correctional staff person to suspect that an individual or set of circumstances poses a threat to facility security, or to the health, safety, and security of offenders, staff, visitors, contractors, or community members, including, but not limited to, committing, or conspiring or attempting to commit a crime or rule violation.

Service Providers – This term includes contracted persons or other vendors providing service whose assignment is primarily on Department premises, e.g. facility or program office.

Sexual abuse of an offender by another offender – Sexual acts, sexual contact or any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation, in which the victim does not consent, is coerced by overt or implied threats of violence, or is unable to consent or refuse.

Sexual abuse of an offender by a staff member or service provider – Sexual acts, sexual contact or any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks; any attempt, threat, or request by a staff member or service provider to engage in these activities; any display by a staff member or service provider of his or her uncovered genitalia, buttocks, or breast in the presence of an offender; or voyeurism by a staff member or service provider, when these acts are unrelated to official duties or where the staff member or service provider has the intent to abuse, arouse, or gratify sexual desire.

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Sexual Harassment – Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender directed toward another or repeated verbal comments or gestures of a sexual nature to an offender by a staff member or service provider.

Substantiated Allegations – An allegation that was investigated and determined to have occurred.

Transgender – The term for a person whose gender identity differs from their assigned sex at birth.

Unfounded Allegation – An allegation that was investigated and determined not to have occurred.

Unsubstantiated Allegation – An allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Voyeurism – An invasion of privacy of an offender by a staff member or service provider for reasons unrelated to official duties.

III. PROCEDURES

A. General Requirements

1. All staff and service providers are required to report allegations of sexual abuse and sexual harassment.
2. The Warden, or designee, will appoint a PREA Specialist responsible for the following:
 - a. coordinate and develop procedures to identify, monitor, and track sexual abuse and sexual harassment;
 - b. ensure compliance with MSP procedure, applicable state or federal laws, and the PREA Standards;
 - c. compile records and report statistical data to the Department PREA Coordinator; and
 - d. ensure facility compliance with training requirements.
3. All staff and inmates at MSP will receive education and information about the PREA Standards and MSP's zero tolerance position toward sexual abuse and sexual harassment; all sexual abuse and sexual harassment allegations will be handled as substantiated claims, until proven unfounded or unsubstantiated.
4. MSP will not tolerate retaliation against offenders, employees, or other parties for reporting sexual misconduct; individuals who retaliate may face disciplinary action or referral for criminal charges.
5. MSP will identify, assess, and manage offenders with special needs, including those who are potentially vulnerable or dangerous, to provide safe housing, adequate protection, and programmatic resources to meet their needs in accordance with *MSP Procedure 4.2.200, Special Management of Atypical Inmates* and *MSP Procedure 4.2.202, Inmate Separation Needs*.
6. Female staff will announce their presence when entering any housing block or dormitory where there is a reasonable expectation of privacy.

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7. Inmates that are transgender or intersex shall be given the opportunity to shower separately from other inmates. Inmates that are deemed to be transgender or intersex by definition may send an *Offender/Staff Request* (OSR) to the Unit Manager or Shift Commander requesting the accommodation. All inmate accommodations will be made through a collaborated effort by the Unit Manager and Shift Commander; and each accommodation will be done on a case by case basis.

B. Offender Reporting

1. Offenders who are victims of, or have knowledge of sexual abuse or sexual harassment should immediately report the incident by one of the following methods:
 - a. report the incident to a staff member verbally or in writing;
 - b. utilize the “lock box” formal grievance procedure in accordance with *MSP Procedure 3.3.3, Offender Grievance Program*;
 - c. third party anonymous reporting utilizing the toll free service hotline;
 - d. the Department approved free confidential Telmate Phone Services hotline. Telmate Phone Services hotline provides instructions in multiple languages; or
 - e. members of the public may call MSP Command Post at (406) 846-1320 ext. 2250 to report a sexual abuse or sexual harassment incident.
2. Substantiated deliberately malicious or false reports by offenders or other parties will result in disciplinary action or referral for criminal charges.

C. Prevention and Intervention

1. During New Employee Orientation (NEO), all newly hired staff will receive education and training alerting them to situations in which sexual abuse or sexual harassment might occur and be capable of identifying indicators.
2. All new employees and all employees annually thereafter will receive education and training alerting them to situations in which sexual abuse or sexual harassment might occur.
3. Staff PREA training will include but is not limited to:
 - a. review of *DOC Policy 1.1.17, Prison Rape Elimination Act, DOC Policy 1.3.12 Staff Association and Conduct with Offenders* and this procedure;
 - b. prevention, investigation, and prosecution of sexual misconduct;
 - c. MSP’s zero tolerance stance toward sexual abuse and sexual harassment;
 - d. recognition of sexual misconduct, predatory offenders, potential victims, and/or staff involvement;
 - e. how to avoid inappropriate relationships with offenders;
 - f. how to communicate effectively and professionally with offenders who might be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
 - g. facility procedures on sharing confidential information;
 - h. reporting procedures;
 - i. an offender’s right to be free from sexual misconduct;
 - j. offender and employee rights to be free from retaliation for reporting sexual abuse;
 - k. the dynamics of sexual abuse in confinement; and
 - l. common reactions of sexual abuse victims.

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4. After completion of the PREA training, staff will sign the *Staff PREA Acknowledgment form* (attachment B).
5. All service providers who have contact with inmates will be trained on the prison's zero tolerance stance concerning sexual abuse and sexual harassment, prevention, detection and response methods, and how to report such incidents. The level and type of training will be based on the services they provide and the level of contact they have with inmates.
6. Unit staff or designee will complete the *PREA: Risk Assessment form* (attachment C) for all inmates and place the completed forms in the inmate's main and mini-file. Staff shall use information from the *PREA: Risk Assessment* to make informed housing, bed, work, educational, and program assignments. The following are time frames for completion:
 - a. at MDIU unit staff will be completed the assessment within first 72 hours of intake;
 - b. within a set time period, not to exceed 30 days from the inmate's arrival at the MDIU, Case Managers or designee at MDIU will complete a new *PREA: Risk Assessment form* (attachment C) and use discretion for overrides and validate the information answer given on the questionnaire. The information will be documented on the initial classification or reclassification report; and
 - c. the *PREA: Risk Assessment form* (attachment C) will also be done after an investigation has taken place. The UMT of the inmate will complete the form as assigned by the PREA Specialist.

D. Victim Services Provided

1. MSP will provide victim services to offenders who report they are victims of sexual abuse or sexual harassment.
2. Medical staff will offer assessments to all inmates involved in an incident of sexual abuse.
3. If the incident of sexual abuse took place within 72 hours, MSP medical staff will transport the inmate to an outside medical provider for additional assessment of potential sexual assault. If the inmate refuses medical treatment, medical staff will complete the *MSP Refusal of Treatment form* (attachment G).
4. Medical staff will notify the Office of Investigations to obtain the evidence if a Sexual Assault Evidence Collection Kit is used, complete the *MSP Patient Care Protocol form* (attachment I) and notify the PREA Specialist by phone or email;
5. If sexual abuse is reported more than 72 hours after the incident, employees will, with the victim's permission, adhere to the following:
 - a. refer victims to the infirmary for treatment and follow up care for sexually transmitted or other communicable diseases. Medical staff will complete a patient history and conduct an examination to document the extent of physical injury and determine whether referral to another medical facility is required; and

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- b. upon request from law enforcement, transport the victim to a community medical facility for evidence collection.
6. Medical staff will refer inmates to mental health staff by filling out the *Request for Mental Health Services form* (attachment H).
7. Mental Health staff or the Command Post in the event Mental Health staff is unavailable, will complete an *Emergency Interview Questionnaire form* (attachment J) for all parties involved. Services may include:
 - a. providing inmates with access or contact information to outside victim advocates for support services related to sexual abuse; and
 - b. mental health staff must complete a *MSP Refusal of Treatment form* (attachment G) if an inmate refuses mental health treatment.
8. The PREA Specialist or designee will contact the Unit Manager or supervisor where the inmate is housed to establish retaliation monitoring and ensure staff complete the *PREA Retaliation Monitoring Data Sheet* (attachment E) with victim of the sexual abuse or sexual harassment incident.

E. Staff Reporting

1. When a staff member is informed of, or witnesses an incident of sexual abuse or sexual harassment, the staff member must:
 - a. if the staff member is not security staff, request the victim not perform any functions that may damage evidence and immediately notify security staff;
 - b. if the staff member responding is security staff, the security staff will:
 - 1) separate the victim and the suspect if reasonable suspicion exists. The UMT and the shift supervisor will have the discretion for separation. In determining the need for separation, staff will:
 - a) consider the totality of the circumstances including the evidence, the alleged act, and the offenders involved;
 - b) identify if there is a clear victim and/or perpetrator; and
 - c) consider the victim's personal feelings regarding their safety.
 Based on the information available to staff, the UMT and shift supervisor have the discretion to:
 - a) place the alleged perpetrator in PHC-CD and allow the victim to remain in the unit;
 - b) move the victim to a different cell in the same unit;
 - c) move the victim to a different unit that is not locked housing; or
 - d) place the victim in locked housing.
 - 2) Preserve and protect the crime scene in accordance with *MSP Procedure 3.1.28, Crime Scene and Physical Evidence Preservation*; and
 - 3) notify the Command Post for further instructions.
2. All staff who received information about sexual abuse or sexual harassment will immediately write a confidential incident report and hand deliver the report to the Command Post. The Command Post will:

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- a. mark the report as confidential and limit distribution to the appropriate staff only; and
 - b. notify the PREA Specialist by phone or email of the PREA incident.
3. When an inmate uses the Telmate Phone Service and calls the PREA Hotline, the phone service sends an alert to the Office of Investigations, Shift Commander, and PREA Specialist.
4. Calls to the MSP switchboard involving a sexual abuse or sexual harassment allegation will be forwarded to the Command Post.
5. In accordance with *41-3-201 MCA*, if a youth offender (under the age of 18) has been victimized, Department of Public Health and Human Services (DPHHS) must be notified by contacting the Montana child abuse hotline at (866) 820-5437.
6. If at any time a staff member is informed of an allegation of sexual abuse while an inmate was at another facility, the staff member must submit an incident report to the Command Post. The incident report will be sent to the PREA Specialist, or designee, who will inform the facility administrator and the other facility of the allegation within 72 hours.
7. Any employee or service provider who fails to report an allegation, or who coerces or threatens another person to submit inaccurate, incomplete, or untruthful information may face disciplinary action, up to and including termination.

F. Investigations

1. Command Post staff and the PREA Specialist, will review sexual abuse or sexual harassment allegations and determine the course of the investigation as follows:
 - a. forward all information to the Office of Investigations; or
 - b. forward the information to the appropriate MSP staff to conduct an administrative investigation.
2. The assigned investigator will review all evidence and interview all parties involved then determine if the allegation is unfounded, unsubstantiated, or substantiated.

G. Offender Education

1. Offenders will receive information and education regarding MSP's zero tolerance towards sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
2. During intake and inmate orientation, MSP inmates will receive education to include, but not limited to:
 - a. review of *DOC Policy 1.1.17, Prison Rape Elimination, DOC Policy 1.3.12 Staff Association and Conduct with Offenders, DOC Policy 3.3.3 Offender Grievance Program, MSP 3.3.3 Inmate Grievance Program* and this procedure; and
 - b. the PREA video titled, *Speaking Up*.
3. Upon completion of the PREA orientation, inmates will be instructed to sign the *Offender PREA Acknowledgement form* (attachment A). If the inmate refuses to sign the form, the staff member providing the PREA orientation will sign the form and write "refused" on the form.

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H. Reporting To Inmates

1. Following an investigation into an allegation of sexual abuse or sexual harassment, the PREA Specialist will inform the inmate whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. If MSP did not conduct the investigation or the incident occurred at a different facility, MSP will request the relevant information from the investigative agency in order to inform the inmate.
3. Following a substantiated allegation that a staff member committed sexual abuse, MSP will inform the inmate whether:
 - a. the staff member is no longer located within the inmate's unit;
 - b. the staff member is no longer employed at the facility;
 - c. the staff member has been charged related to sexual abuse within MSP; or
 - d. the staff member has been convicted on a charge related to sexual abuse within MSP.
4. Following a substantiated allegation of sexual abuse by another inmate, MSP will inform the alleged victim whenever:
 - a. MSP is informed that the alleged abuser has been charged related to sexual abuse within MSP; or
 - b. MSP is informed that the alleged abuser has been convicted on a charge related to sexual abuse within MSP.
5. All such notifications or attempted notifications must be documented.
6. MSP's obligation to report under the PREA Standard will terminate if the inmate is released from the Department's custody.
7. The investigator will write a report and present it to the PREA Specialist for statistical tracking.

I. Data Collection And Review

1. MSP will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, except when the allegation has been determined to be unfounded.
2. The *PREA: Sexual Incident Review* (attachment D) reviews will occur within 30 days of the conclusion of the investigation.
3. The review team may consist of the MSP PREA Specialist, Department PREA Coordinator, investigator, Command Post staff member, and other staff deemed appropriate.
4. The review team will:
 - a. consider whether the allegation or investigation indicates a need to change policy or procedure to better prevent, detect, or respond to sexual abuse;
 - b. consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other dynamics at MSP;

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- c. examine the area where the incident allegedly occurred to assess whether physical barriers may enable abuse;
 - d. assess the adequacy of staffing levels in that area during different shifts;
 - e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - f. prepare a report of the findings, to include but not limited to, determinations made pursuant to paragraph (4)(a)-(4)(e) above, and any recommendations for improvement. The final report must be submitted to the MSP Warden for review.
5. MSP shall implement the recommendations for improvement, or must document the reasons for not doing so.
 6. On an annual basis, the PREA Specialist will complete the *PREA Annual Staffing Plan Review* (attachment F).

IV. CLOSING

Questions concerning this procedure should be directed to the prison's PREA Specialist.

V. ATTACHMENTS

Offender PREA Acknowledgement Form	attachment A
Staff PREA Acknowledgment Form	attachment B
PREA: Risk Assessment	attachment C
PREA: Sexual Incident Review	attachment D
PREA Retaliation Monitoring Data Sheet (Monitoring Sheet)	attachment E
PREA Annual Staffing Plan Review (Annual Review)	attachment F
Montana State Prison Refusal of Treatment	attachment G
Request for Mental Health Services	attachment H
MSP Patient Care Protocol	attachment I
MSP Emergency Interview Questionnaire	attachment J



Department of Corrections
Montana State Prison
400 Conley Lake Road
Deer Lodge, MT 59722

OFFENDER PREA ACKNOWLEDGEMENT FORM

Date attended: _____

Inmate attending orientation:

Print Inmate name and AO #

Staff member or members conducting orientation session:

Print staff title and name

Print staff title and name

On the above date, I completed orientation for the Prison Rape Elimination Act at Montana State Prison. I have received a copy of *MSP Procedure 1.1.17, Prison Rape Elimination Act of 2003*. I have and understand the procedures' terms and directives as presented. I understand that it is my responsibility to know and follow all rules of incarceration and failing to do so, may result in progressive disciplinary action per [MSP Procedure 3.4.1 Institutional Discipline](#). If I need further clarification with this or any other procedure or directive, I will immediately seek direction from my designated Unit Management team. **I acknowledge that I have been advised of the Prison Rape Elimination Act and agree to conduct myself as specified.**

Inmate signature and AO #

Staff title and signature

DEPARTMENT OF CORRECTIONS
Staff PREA Acknowledgement Form

I, _____ (*print name*), have received a copy of *DOC Policy 1.3.12, Staff Association and Conduct With Offenders, DOC Policy 1.1.17, Prison Rape Elimination Act (PREA) and MSP 1.1.17 Prison Rape Elimination Act (PREA) procedure*. I have read and understand the policies' and procedure's terms and directives.

Staff SIGNATURE

DATE

Witness SIGNATURE

DATE

PREA: Risk Assessment

Sexual Predator/ Vulnerability PREA Screening Checklist

Inmate Name _____ AO# _____

Employee Name _____ Date _____

Reason for Screening (Circle One) New Admission Regular Review Special Referral

Possible Victim Factors:

1. Former victim of prison rape or sexual assault within the past ten years
2. Youthful age (under 25)
3. Elderly (65 or older)
4. Small physical stature (5'6" or less and/or 140lbs or less)
5. Developmental disability/ mental health history
6. First time being incarcerated
7. Gay/ lesbian/ bisexual/ transgender/ intersex/ gender nonconforming
8. History of any sexual abuse within the past ten years
9. History of correctional facility sex with the past ten years
10. Placement in Special Management within the past ten years

Source:

Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____

Sexual Vulnerable Designation Process:

If "yes" to item #1, enter inmate as a "Known Victim" code

If "yes" to three or more items other than item #1, enter inmate as a "Potential Victim"

Otherwise designate inmate as a "Non-Victim"

Scored Designation: (Circle One) Known Victim Potential Victim Non-Victim

Victim Over-ride: (Circle One) No Yes – "Potential victim to non-victim"
Yes – "Non-victim to potential victim"

*cannot over-ride a known victim, ONLY a potential victim

Basis for over-ride: _____

Possible Predator Factors:

1. Institutional predatory sexual behavior within the past ten years
2. Current or prior convictions for rape, child abuse or neglect within the past ten years
3. Sexual abuse or sexual assault toward others or domestic violence within the past ten years
4. Gang affiliation
5. Institutional strong-arming/ assaults within the past ten years
6. Institutional sex within the past ten years
7. Institutional sexual taunting toward staff or offenders within the past ten years

Source:

Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____
Yes/ No _____

Sexually Predatory Designation Process:

If "yes" to item #1, enter inmate as a "Known Predator" code

If "yes" to two or more items other than item #1, enter inmate as a "Potential Predator"

Otherwise designate inmate as a "Non-Predator"

Scored designation: (Circle One) Known Predator Potential Predator Non-Predator

Predator Over-ride: (Circle One) No Yes – "Potential predator to non-predator"
Yes – "Non-predator to potential predator"

*cannot over-ride a known predator, ONLY a potential predator

Basis for over-ride: _____

PREA: Sexual Incident Review

Case Number _____ Date Case Ended _____ Date _____

Review Team Members

	Name	Title
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____

Data

Do the findings of this investigation recommend and change in policy or procedure:

YES____ NO____

If yes, what policy/procedure and why: _____

Incident Motivated by:

Race: YES____ NO____ Comment_____

Ethnicity: YES____ NO____ Comment_____

Gender Identity: YES____ NO____ Comment_____

Sexual Preference: Gay____ Lesbian____ Bisexual____ Transgender____ Intersex____

Prison Hierarchical Status or Perceived Status: YES____ NO____

Comment_____

Gang Affiliation: YES____ NO____ Comment_____

Other Causes: YES___ NO___ If yes, what are the dynamics_____

Improvement

What are the physical barriers where the allegation occurred? _____

What were the staffing levels of the area where the allegation occurred? _____

Recommended changes for the security monitoring system? _____

What are the final recommendations for improvement? _____

Prison Rape Elimination Act (PREA) Retaliation Monitoring Data Sheet

Case Number: _____

BASIC INFORMATION

☐ New ☐ Continuation

Facility: _____

Assigned Monitor Name and Title: _____

Assigned by: _____

Date Assigned: _____

90 Day Monitoring Expiration Date: _____

Assigned to Monitor: _____

Prisoner # or Employee Name & Title _____

Monitoring Reason (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Reported Sexual Abuse/Harassment | <input type="checkbox"/> Victim/Alleged Victim |
| <input type="checkbox"/> Cooperated with Sexual Abuse/Harassment Investigation | <input type="checkbox"/> Fear of Retaliation is Expressed |

MONITORING – WEEK 1

Date: _____

Actions Taken (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Reviewed disciplinary reports | <input type="checkbox"/> Reviewed housing changes | <input type="checkbox"/> Reviewed program changes |
| <input type="checkbox"/> Reviewed performance evaluations | <input type="checkbox"/> Reviewed staff reassignments | <input type="checkbox"/> Face-to-face contact |

Comments: _____

MONITORING – WEEK 2

Date: _____

Actions Taken (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Reviewed disciplinary reports | <input type="checkbox"/> Reviewed housing changes | <input type="checkbox"/> Reviewed program changes |
| <input type="checkbox"/> Reviewed performance evaluations | <input type="checkbox"/> Reviewed staff reassignments | <input type="checkbox"/> Face-to-face contact |

Comments: _____

MONITORING – WEEK 3

Date: _____

Actions Taken (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Reviewed disciplinary reports | <input type="checkbox"/> Reviewed housing changes | <input type="checkbox"/> Reviewed program changes |
| <input type="checkbox"/> Reviewed performance evaluations | <input type="checkbox"/> Reviewed staff reassignments | <input type="checkbox"/> Face-to-face contact |

Comments: _____

MONITORING – WEEK 4

Date: _____

Actions Taken (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Reviewed disciplinary reports | <input type="checkbox"/> Reviewed housing changes | <input type="checkbox"/> Reviewed program changes |
| <input type="checkbox"/> Reviewed performance evaluations | <input type="checkbox"/> Reviewed staff reassignments | <input type="checkbox"/> Face-to-face contact |

Comments: _____

MONITORING – WEEK 5

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 6

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 7

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 8

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 9

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 10

Date: _____

Actions Taken (check all that apply):

- ☐ Reviewed disciplinary reports
☐ Reviewed performance evaluations

- ☐ Reviewed housing changes
☐ Reviewed staff reassignments

- ☐ Reviewed program changes
☐ Face-to-face contact

Comments: _____

MONITORING – WEEK 11

Date: _____

Actions Taken (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Reviewed disciplinary reports | <input type="checkbox"/> Reviewed housing changes | <input type="checkbox"/> Reviewed program changes |
| <input type="checkbox"/> Reviewed performance evaluations | <input type="checkbox"/> Reviewed staff reassignments | <input type="checkbox"/> Face-to-face contact |

Comments: _____

MONITORING – WEEK 12

Date: _____

Actions Taken (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Reviewed disciplinary reports | <input type="checkbox"/> Reviewed housing changes | <input type="checkbox"/> Reviewed program changes |
| <input type="checkbox"/> Reviewed performance evaluations | <input type="checkbox"/> Reviewed staff reassignments | <input type="checkbox"/> Face-to-face contact |

Comments: _____

CONCLUSION

Results:

- ☐ Monitoring Complete – No Retaliation Found
- ☐ Monitoring Complete – Retaliation Addressed and Resolved
- ☐ Continue Monitoring for additional 30 Days

Reason: _____

Assigned Monitor Signature _____

Assigned Monitor Name and Title: _____

Date: _____

Prison Rape Elimination Act (PREA) Annual Staffing Plan Review

BASIC INFORMATION

Agency: _____

Facility: _____

Date: _____

Warden: _____

PREA Compliance Manager: _____

Other Involved Administrators: _____

STAFFING PLAN REQUIREMENTS

Does the current staffing plan take the following into consideration?

Generally accepted correctional practices: ☐ Yes ☐ No

Any judicial findings of inadequacy: ☐ Yes ☐ No

Any findings of inadequacy from Federal investigative agencies: ☐ Yes ☐ No

Any findings of inadequacy from internal or external oversight bodies: ☐ Yes ☐ No

The composition of the prisoner population: ☐ Yes ☐ No

The number and placement of supervisory staff: ☐ Yes ☐ No

Programs occurring on a particular shift: ☐ Yes ☐ No

Any applicable State or local laws, regulations, or standards: ☐ Yes ☐ No

The prevalence of substantiated and unsubstantiated incidents of sexual abuse: ☐ Yes ☐ No

All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated):
☐ Yes ☐ No

Comments: _____

VIDEO MONITORING SYSTEMS AND TECHNOLOGIES

Are adjustments needed to the current video monitoring systems and other monitoring technologies in order to better protect prisoners from sexual abuse? ☐ Yes ☐ No

Comments: _____

RESOURCES

Are adjustments needed to the resources available to the facility to ensure adherence to the staffing plan?
☐ Yes ☐ No

Comments: _____

RECOMMENDATIONS

Has the staffing review group received any recommendations for changes in staffing or video or other surveillance technologies? ☐ Yes ☐ No

Please provide full details regarding recommendations made, and by whom: _____

Have any of these recommendations been implemented? ☐ Yes ☐ No

If no, justify why they have not been implemented: _____

Montana State Prison

Refusal of Treatment

Print: _____

Inmate / Resident Name (last, First)

Date

Unit

I, _____, DOC ID #: _____, an Inmate at
Montana State Prison **refuse** to have the following recommended treatment:

☐

MEDICAL

☐

DENTAL

☐

MENTAL HEALTH

Description of treatment or therapy refused:

Purpose of treatment or therapy refused:

recommended by: _____

I acknowledge that I have been informed of the below risk and possible consequences that include, but are not limited to the following and which may result in serious adverse health effects including death.

- a) _____
- b) _____
- c) _____
- d) _____

To be completed by Inmate:

Reason for Refusal:

Comments:

I hereby release Montana State Prison and their employees, agents, contractors and Independent Providers from **all** responsibility for any and all affects that may result from the above refusal.

Inmate's Signature

DOC ID #:

Date / Time:

Witness

Position

Date / Time:

Yellow copy is given to the Inmate, the pink copy is the unsigned record, the signed white copy is placed in the Inmates Health Record

Request for Mental Health Services

Montana State Prison

OFFENDER NAME:	DOC ID Number:	Housing Unit:									
(Last Name, First name)											
A. Reason for Request: (specific complaints, concerns, symptoms, problems, etc.) <i>If this is an emergency, fill out an Emergency Questionnaire form and call Command Post, do not use this form.</i>											
B. Service(s) Requested:											
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;">C. Requested by:</td> <td style="width: 33%; vertical-align: top;">Title:</td> <td style="width: 33%; vertical-align: top;">Date:</td> </tr> <tr> <td style="height: 30px; vertical-align: bottom;">(print name)</td> <td style="height: 30px; vertical-align: bottom;">(print)</td> <td style="height: 30px; vertical-align: bottom;"></td> </tr> <tr> <td style="height: 30px; vertical-align: bottom;">(signature)</td> <td colspan="2" style="vertical-align: bottom;"> <input type="checkbox"/> I would like a copy of this response. </td> </tr> </table>			C. Requested by:	Title:	Date:	(print name)	(print)		(signature)	<input type="checkbox"/> I would like a copy of this response.	
C. Requested by:	Title:	Date:									
(print name)	(print)										
(signature)	<input type="checkbox"/> I would like a copy of this response.										
BELOW THIS POINT FOR MENTAL HEALTH STAFF USE ONLY:		DATE RECEIVED:									
D. Action Taken:											
E. Recommended Service:											
F. Action Taken By:											
(print name)	(signature)	(date)									

**MSP
Patient
Care
Protocol**

**Sexual
Assault**

Name: _____

AO#: _____

Age: _____

Allergies: _____

Current Meds: _____

Vitals: T: _____ P: _____ R: _____ B/P: _____

1. Medical staff will offer assessment to all inmates involved in the PREA claim.
 - a. Assess and treat any life/limb threatening injuries.

 - b. If at any time the inmate refuses medical care medical staff will document the refusal.
2. Notify physician. Date: _____ Time: _____
3. Do NOT allow inmate to bathe.
4. Ask the inmate if the PREA incident took place within 72 hours.
 - a. If the sexual assault or PREA claim took place within 72 hours of when the incident happened, the medical staff will send the inmate to an outside medical provider for additional assessment of potential sexual assault.
Transferred: _____ YES _____ NO
 - b. Medical staff will notify the PREA Specialist if the victim is seen by an outside facility.
Date: _____ Time: _____ Notified: _____
5. If the PREA incident did NOT happen within the last 72 hours, physician/mid-level will determine if the victim needs to be seen by an outside provider.
6. Give supportive care.

a. Medical staff will offer the inmate Mental Health treatment utilizing a Mental Health Request form; if the inmate refuses Mental Health, a refusal form will be completed.

7. Medical staff will hand deliver the Confidential Incident Reports to the Command Post.

Date: _____ Time: _____ Delivered to: _____

8. Follow up
scheduled: _____ YES _____ NO

9. Review PREA checklist and ensure all steps are completed.

Nurse's Signature _____

Date: _____

Property of
Montana
Department
of
Corrections
- Montana
State Prison
Reviewed
1/14/14

Montana State Prison Mental Health PREA Follow-Up Questionnaire

This form is to be used to screen for and offer mental health services to victims and alleged perpetrators of sexual assault in accordance with PREA Standards, sections 115.82 and 115.83. Copies of this assessment are to be kept strictly confidential unless release is required by law.

A. General Information:

Inmate Name and AO# _____

Date: _____ Time: _____ hrs. Unit: _____

**Please fill out Section G for suicide or self-harm after speaking to Command Post and Mental Health Staff.*

B. Reason for Referral:

Describe what triggered this referral:

- ☐ Stated sexual assault victim
☐ Stated sexual assault perpetrator
☐ Physical evidence of possible sexual assault
☐ Other inmates' statements regarding sexual assault
☐ Increase or decrease in normal behaviors possibly indicating sexual assault
☐ Other: _____

C. Statements from the Inmate:

What did the inmate say to you? _____

D. Inmate appearance:

How does the inmate appear?

- ☐ Normal ☐ Angry ☐ Sad
☐ Tearful ☐ Happy ☐ Other _____

E. Inmate behavior:

How did the inmate act during interview?

When you talked to him was he:

- ☐ Cooperative ☐ Uncooperative
☐ Hostile ☐ Suspicious

F. Mental Health/Security issues:

What does the inmate want to happen now?

- ☐ Nothing further
☐ To receive additional medical follow-up
☐ To receive evaluation from mental health staff
☐ To speak to a clinician or mental health tech
☐ To speak to a religious activities staff member
☐ To speak to the PREA coordinator or investigator
☐ Other
Explain: _____

G. *Suicide or self-harm intent:

1. Does the inmate report any thoughts of suicide or self-harm? ☐ Yes ☐ No

If yes, what statements were made? _____

2. Does the inmate report any intent to harm others?

☐ Yes ☐ No

If yes, what statements were made? _____

3. What further action do you think is necessary?: _____

4. Referral made to:

- ☐ Mental Health Clinician ☐ Infirmary
☐ Case Manager ☐ Classification/Placement
☐ PREA Coordinator/Investigator ☐ Legal Department
☐ Other: _____

5. Is there anything that security or other staff can do to help this situation in the meantime? ☐ Yes ☐ No

If yes, what? _____

H. Outcome:

Mental Health person contacted: _____

Mental Health and /or Staff Comments: _____

Staff Signature:

Date: _____ Time: _____ Position: _____